

HOW TO FILL OUT YOUR CW 7 OR SAWS 7

- **Save this notice and use it to help you fill out your CW 7 (Monthly Eligibility Report) or SAWS 7 (Monthly Eligibility/Status Report). If you need help filling out your report, tell your worker.**
- **Answer each question on the report. If you say "YES", you must give more facts and attach proof when we ask for it. Sign and date the CW 7/SAWS 7 in item ⑨. The date you sign the CW 7/SAWS 7 must be after the last day of the report month that is shown at the top right-hand corner of your form.**
- **The county uses the facts you give on your report to see if you and your household members continue to be eligible for benefits and to figure the amount of aid or benefits you should get.**

**HOW OFTEN YOU MUST COMPLETE A CW 7/SAWS 7**

You must turn in a complete CW 7/SAWS 7:

- For Cash Aid and Food Stamps: every month.
- For Medi-Cal Quarterly Reporting and State-Run County Medical Services Program (CMSP): only when the county sends or gives you one.

REPORTING FOR PERSONS WHO ARE LIVING IN YOUR HOME

If Your Family Gets Cash Aid (No Food Stamps), Report Facts for:

- All children - natural, adopted, stepchildren.
- All parents - natural, adopted, stepparents.
- Other aided relatives of the children.
- Yourself and your spouse.
- Anyone who is temporarily absent from the home.

If Your Household Gets Cash Aid and Food Stamps or Food Stamps Only, Report Facts for:

- All children
- All related adults.
- Others who buy or prepare food with you.

If You Get Medi-Cal/State CMSP, Report Facts for:

- Your children - natural, adopted, stepchildren.
- Children's parents - natural, adopted, stepparents.
- Yourself and your spouse.

CERTIFICATION SECTION

- You sign the report "under penalty of perjury." This means that you swear under oath that the facts you give us are true, correct, and complete.
- Perjury and Fraud are crimes. If **on purpose** you give us facts that are not true, correct, and complete, you will be investigated for fraud and:
 - You can be legally prosecuted with penalties of a fine, jail/prison, or both. You can be charged with a felony if you get more than \$400 in cash and/or benefits wrongly paid out to you.
 - Your cash aid and food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, or forever. **See the penalties for cash aid and food stamp welfare fraud in the Certification section on your CW 7/SAWS 7.**
 - You may have to pay back any cash aid, food stamps, or Medi-Cal/State CMSP you should not have gotten.

REQUEST TO STOP BENEFITS

- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or may need to pay a share of cost for it.
- **On the SAWS 7**, complete Part A only when you want to stop any of your benefits. Check what benefits you want stopped and tell us the date you want them stopped. You must sign and date the SAWS 7 in item ⑨.

FACTS YOU MUST REPORT FOR EACH QUESTION

For Item Number:

- ① Any earnings and training allowances anyone got. List the name of the person(s) who got the income/training allowances, the hours they worked, gross amount received and the actual date received. If self-employed, and if you claim actual expenses for cash aid, list all business expenses on a separate sheet of paper. If you get cash aid (and no food stamps) and you told the county you wanted to figure your business costs by using a standard 40 percent deduction of your verified income, you do not need to report your business costs.
- ② Costs for child care or for care of a disabled person or other adult while working, seeking work, or in training.
- ③ Any other money anyone got, such as: Child or spousal support, Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Unemployment/Disability Insurance, lottery winnings, lump sum, etc. List who got the income, gross amount, and date received.
- ④ Any court ordered child support you paid and any changes to the court order. (Report for food stamps and Medi-Cal/State CMSP).
- ⑤ Facts about any member(s) in the cash aid family or food stamp household who is avoiding or running from the law to avoid a felony prosecution, or custody or confinement after a felony conviction, or in violation of a condition of their parole or probation.
- ⑥ Facts about any member of the cash aid or food stamp household who has been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s). Give facts:
 - **for food stamps**, for crimes and convictions after 8/22/96;
 - **for cash aid**, for crimes after 8/22/96 and convictions on or after 1/1/98.
- ⑦ Facts about anyone who moves into or out of your home. If someone moves into someone else's home, explain whose home and relationship. Include temporary absences from the home.
- ⑧ Other facts that could change your eligibility or the amount of your benefits, like starting or stopping a job, school or training; changes in the balances in your checking/savings accounts; buying or selling something; a change in immigration status; a child ages 6 through 17 getting cash aid who starts or stops attending school regularly; anyone getting cash aid or food stamps who starts or stops getting IHSS (In-Home Supportive Services); or anything else. Include any changes you expect to happen in the next 30 days. If you get Food Stamps and you are disabled or age 60 or older, you **may report new** medical costs not being used to figure your current allotment. On the SAWS 7, if you get Medi-Cal/State CMSP, report medical costs that were due to an injury/accident caused by someone else.

ADDRESS CHANGE: Give us any changes in your address or phone number.

SEE OTHER SIDE FOR MORE INFORMATION

PROOF

You Must Send in Proof Only When We Ask for It, Such As:

- For earnings or training allowances.
- For costs for care of a child or disabled adult.
- When money or benefits start, stop, or the amount changes.
- When there is a change in the court order or the amount of court ordered child support payments you pay.
- When your health insurance starts, stops, or changes.
- If you move and get food stamps, include proof of your new housing and utility costs.
- When you get married or divorced, become pregnant, or have a baby.

Examples of Proof for Income and Training Allowances:

- Original paystubs that show the name of the employer and the person who worked, the gross amount of pay before deductions, dates of the pay period, etc.
- If self-employed: Copies of quarterly/annual income tax reports, monthly profit and loss statements, etc.
- Copies of checks, award letters, loan papers, or other papers that show where the money came from, the amount owed or received, and the name of the person who got or will get the money, benefit, or free item, such as housing or utilities.

Examples of Proof for Expenses/Costs:

- **If self-employed:** copies of signed receipts, cancelled checks, statement(s) of charges from the person/firm providing an item(s) or service(s).
- **For care** of a child, or other dependent so someone can go to work or training: attach copies of receipts, bills, or cancelled checks that show the cost of the care and the names of the persons who received care, who paid for the care, and who gave the care.
- **For housing and utility costs:** receipts or bills for rent, mortgage payment; insurance and property taxes when they are not part of your mortgage payment; heating, cooling, phone bills, etc.
- **For college or trade school:** copies of statement(s) from school or an award letter showing financial aid, tuition, fees, and other school costs.

Examples of Other Proof:

- **For pregnancy:** copy of the doctor's or clinic's statement that gives the mother's name and the date the baby is due.
- **For changes in citizenship/immigration status:** a copy of a letter, form, or new card from the Immigration and Naturalization Service (INS).
- **For marriage or divorce:** a copy of a marriage license or divorce papers.

WHO MUST SIGN THE REPORT

- **For Cash Aid:** you and your spouse and/or the other parent (of the aided children) if living in the home.
- **For Food Stamps:** the head of household, an adult household member, or the household's authorized representative.
- **For Medi-Cal/State CMSP:** the applicant, applicant's spouse or the person acting for the beneficiary.
- **And** any other person who fills out the report, an interpreter, or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

AVOIDING OR RUNNING FROM THE LAW TO AVOID PROSECUTION, OR CUSTODY OR CONFINEMENT: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts the law was looking for them.

CASH AID: CalWORKs (California Welfare Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

CONTROLLED SUBSTANCE: Any drug whose availability is restricted by federal or state law, including, but not limited to, narcotics, stimulants, depressants, hallucinogens, and marijuana.

COMPLETE CW 7/SAWS 7: A CW 7/SAWS 7 is "complete" only when:

- all the YES/NO questions are answered, **and**
- all the information is filled in, **and**
- all proof is attached when we ask for it, **and**
- all required signatures are on the form, **and**
- the form is signed and dated after the last day of the report month.

COURT ORDERED CHILD SUPPORT: The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

GROSS AMOUNT: The amount of your paycheck before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PAROLE OR PROBATION: Parole/probation was revoked or an arrest warrant was issued. The original crime for which parole/probation was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown at the top right-hand corner of page one of the CW 7/SAWS 7.

STATE CMSP: Medically necessary benefits for eligible adults who are not eligible for Medi-Cal and who live in some rural counties.

YOUR HEALTH COVERAGE MAY CONTINUE WHEN YOUR CASH AID STOPS

If you choose to go off cash aid, tell your worker the reason you are stopping your cash aid. Here's why:

- **You and/or your child(ren) may be eligible for continued no cost health coverage** depending on the reasons your cash aid stops and/or other facts in your case.
- **You and/or your child(ren) may be eligible for no cost health coverage under the Transitional Medi-Cal program (TMC)** if you go off cash aid because your earnings went up. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. You may also be eligible for TMC if your cash aid stops because you get married or your spouse returns to the home.

You can tell the worker why you want to stop your cash aid by:

- Filling out and returning your CW 7/SAWS 7 or the TMC Request Form for Working Persons, OR
- Calling the county.

DO NOT FORGET!

- **If your report is late, not complete, or not turned in, your benefits may be late, changed or stopped.**
- **If your report is not complete when you turn it in, you will be asked to complete it again.**
- **If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.**
- **If you are not sure how to report, what to report, or what proof you need to send in, ask your worker.**
- **After your cash aid stops, you and your child(ren) still may be eligible for health coverage under Medi-Cal. See "YOUR HEALTH COVERAGE MAY CONTINUE WHEN YOUR CASH AID STOPS."**